

# Understanding RVUs, RWPs, DRGs, APCs...

[Name Redacted]

TMA Uniform Business Office

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# Objectives

- Understand terminology
- Understand what relative value units are
- Understand Military Health System RVUs, the basis of Prospective Payment System
- Understand how you earn relative value units
- Understand how to apply relative value units

# Types of Workload Measurement

- Inpatient Institutional – Relative Weighted Product (RWP)
- Outpatient APV Institutional – Ambulatory Payment Classification (APC)
- Emergency Department Institutional – APC
- Observation Institutional - APC
- Anesthesia Professional - procedure base units plus time units
- Professional Services (not to include anesthesia) – Relative Value Units (RVUs)

# Inpatient Institutional – Diagnosis Related Groups (DRGs)

- TMA and CMS have slightly different DRGs
- TMA DRGs
  - 561 diagnosis related groups
  - Numbers run from 001-901
  - 36 are no longer valid
- TMA is paying the Services approximately \$6,200/RWP

# Inpatient Institutional – Diagnosis Related Groups (DRGs)

- 391- Normal Newborn, **RWP = 0.1104**
- 602 – Neonate, birth weight <750 grams, discharged alive, **RWP = 24.5030**
  - Geometric mean LOS = 82.4 days
  - Arithmetic mean LOS = 60.4
  - Short stay threshold = 6 days

# Relative Weighted Product

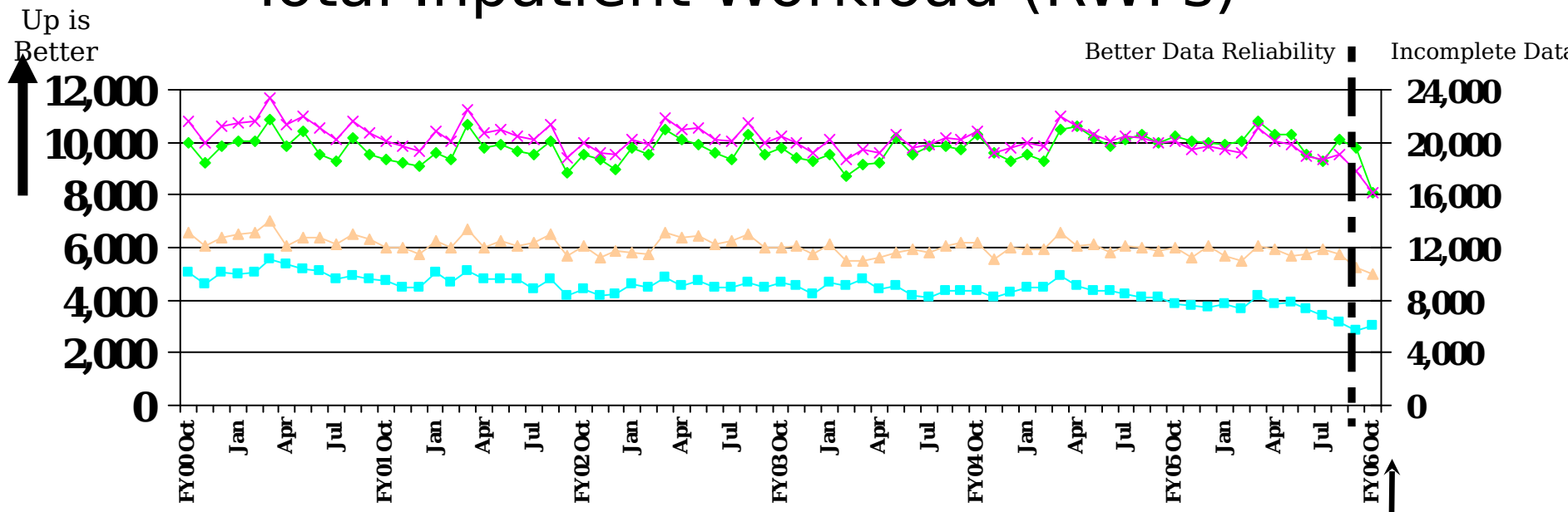
- Reflection of inpatient
  - Nursing
  - Technician
  - Facility costs (room, laundry, incinerator, housekeeping, administrative costs like coding medical records and billing...)
  - Operating room costs
- Professional services (i.e., doctors' rounds and procedures for inpatients) are **not** part of an RWP

# Inpatient Institutional – Relative Weighted Product (RWP)

DRGV22	DRG TITLE	RELATIVE WEIGHTS	GEOMETRIC MEAN LOS	ARITHMETIC MEAN LOS
1	CRANIOTOMY AGE >17 W CC	3.3344	7.5	10.0
2	CRANIOTOMY AGE >17 W/O CC	1.9467	3.6	4.6
3	CRANIOTOMY AGE 0-17	1.9767	12.7	12.7
370	CESAREAN SECTION W CC	0.8981	4.2	5.4
371	CESAREAN SECTION W/O CC	0.6221	3.2	3.5
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.5460	2.7	3.5
<b>373</b>	<b>VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES</b>	<b>0.3601</b>	<b>2.0</b>	<b>2.2</b>
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.6642	2.7	3.3
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	0.5810	4.4	4.4
504	EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/SKIN GFT	13.0063	23.1	29.3
505	EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/O SKIN GFT	1.8727	2.3	4.4
506	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	4.0604	11.6	16.2

# Financial

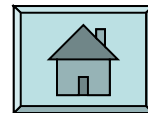
## Total Inpatient Workload (RWPs)



Thousands	2002 Total	2003 Total	2004 Total	2005 Q1	2005 Q2	2005 Q3	2005 Jul	2005 Aug	2005 Sep	FY 05 YTD	FY 05 Goal	FY 06 Oct
Army	116.5	114.2	119.5	30.0	27.3	28.5	9.3	10.1	9.8	115.0	124.8	8.1
Air Force	54.2	53.4	52.3	11.4	11.6	11.4	3.4	3.2	2.8	43.8	49.2	3.0
Navy	73.4	70.3	72.0	17.6	17.2	17.1	6.0	5.8	5.2	68.9	67.9	5.0
MHS Total	244.0	237.9	243.8	59.0	56.1	57.0	18.7	19.1	17.9	227.7	241.8	16.1

Goals are set based on submitted business plans.

RWPs are Relative Weighted Products and are a weighted workload measure of the complexity care and num





# Just remember: RVUs are NOT part of the RWP

- RVUs are NOT a reflection of inpatient nursing/technician/facility costs
  - Those are Relative Weighted Products (RWP)
  - Each Diagnosis Related Group (DRG) has an RWP

# APC vs ASC

- **Ambulatory Payment Classification** system is for outpatient services done at a hospital
  - May bill for a number of APCs all done on the same day
- **Ambulatory Surgery Center** system is for outpatient surgical services
  - Facility charge including facility, supplies, materials, and nursing services
- You can get a hint of the differences by looking at the cosmetic surgery estimator

# Ambulatory Payment Classification

- Grouping of similar services using similar services
- Reflects the institutional component of an outpatient service
  - Nurses
  - Technicians
  - Operating room space
  - Equipment
  - Sheets/gauze pads/anesthetic agents

# APCs

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0320	Electroconvulsive Therapy	S	5.2528	312.60	80.06	62.52
0321	Biofeedback and Other Training	S	1.3651	81.24	21.72	16.25
0322	Brief Individual Psychotherapy	S	1.2304	73.22	.	14.64
0323	Extended Individual Psychotherapy	S	1.6398	97.59	20.35	19.52
0324	Family Psychotherapy	S	2.3119	137.58	.	27.52
0325	Group Psychotherapy	S	1.3434	79.95	17.47	15.99
0330	Dental Procedures	S	9.3925	558.96	.	111.79
0332	Computerized Axial Tomography and C	S	3.1608	188.10	75.24	37.62
0333	Computerized Axial Tomography and Computerized Angiography without Contrast followed by Contrast	S	5.1053	303.82	121.52	60.76
0335	Magnetic Resonance Imaging, Miscella	S	5.0997	303.49	121.39	60.70
0336	Magnetic Resonance Imaging and Mag	S	5.8678	349.20	139.68	69.84
0337	MRI and Magnetic Resonance Angiogra	S	8.5070	506.26	202.50	101.25
0339	Observation	Q	7.1429	425.08	.	85.02
0340	Minor Ancillary Procedures	X	0.6137	36.52	.	7.30
0341	Skin Tests	X	0.1035	6.16	2.46	1.23
0342	Level I Pathology	X	0.1450	8.63	3.45	1.73

# Ambulatory Payment Classification

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate
96900	S		Ultraviolet light therapy (Actinotherapy)	0001	0.4007	22.83
38220	T		Bone marrow aspiration	0003	2.4779	141.20
60100	T		Biopsy of thyroid	0004	1.7081	97.33
42400	T		Biopsy of salivary gland	0005	3.7391	213.07
69000	T		Drain external ear	0006	1.6854	96.04
51080	T		Drainage of bladder	0007	12.4496	709.42
38300	T		Drainage, lymph node	0008	19.3572	1103.03
G0127	T		Trim nail(s)	0009	0.6817	38.85
G0247	T		Routine footcare pt w	0009	0.6817	38.85
19103	T		Bx breast percut	0658	6.6823	380.78
75982	S		Contrast xray exam bile	0297	5.2294	297.99
62230	T		Replace/revise brain	0224	38.8952	2216.37
64565	S		Implant neuroelectrodes	0040	49.2740	2807.78
36563	T		Insert tunneled cv cath	0119	125.9746	7178.41
69930	T		Implant cochlear device	0259	444.1223	25307.42

# Ambulatory Payment Classification

- Reflection of INSTITUTIONAL outpatient
  - Ambulatory Procedure Visit non-provider component
    - OR nurses/techs
    - Central sterile
    - Supplies/equipment
    - Cost of the rooms
    - In MHS would include the cost of the anesthetic agent, but not C-arm used by radiology tech or radiology guidance

# Office/ER APCs

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate
99201	V		Office/outpatient visit, new	0600	0.9033	51.47
99202	V		Office/outpatient visit, new	0600	0.9033	51.47
99203	V		Office/outpatient visit, new	0601	0.9847	56.11
99204	V		Office/outpatient visit, new	0602	1.3977	79.65
99205	V		Office/outpatient visit, new	0602	1.3977	79.65
99211	V		Office/outpatient visit, est	0600	0.9033	51.47
99212	V		Office/outpatient visit, est	0600	0.9033	51.47
99213	V		Office/outpatient visit, est	0601	0.9847	56.11
99214	V		Office/outpatient visit, est	0602	1.3977	79.65
99215	V		Office/outpatient visit, est	0602	1.3977	79.65
99281	V		Emergency dept visit	0610	1.3544	77.18
99282	V		Emergency dept visit	0610	1.3544	77.18
99283	V		Emergency dept visit	0611	2.3926	136.34
99284	V		Emergency dept visit	0612	4.1139	234.42
99285	V		Emergency dept visit	0612	4.1139	234.42

CMS APCs 2005, this is the INSTITUTIONAL component of the visit

# Anesthesia Base Units

- Base units include pre-surgical assessment, anesthesia administration
- Time is usually in 15 minute intervals

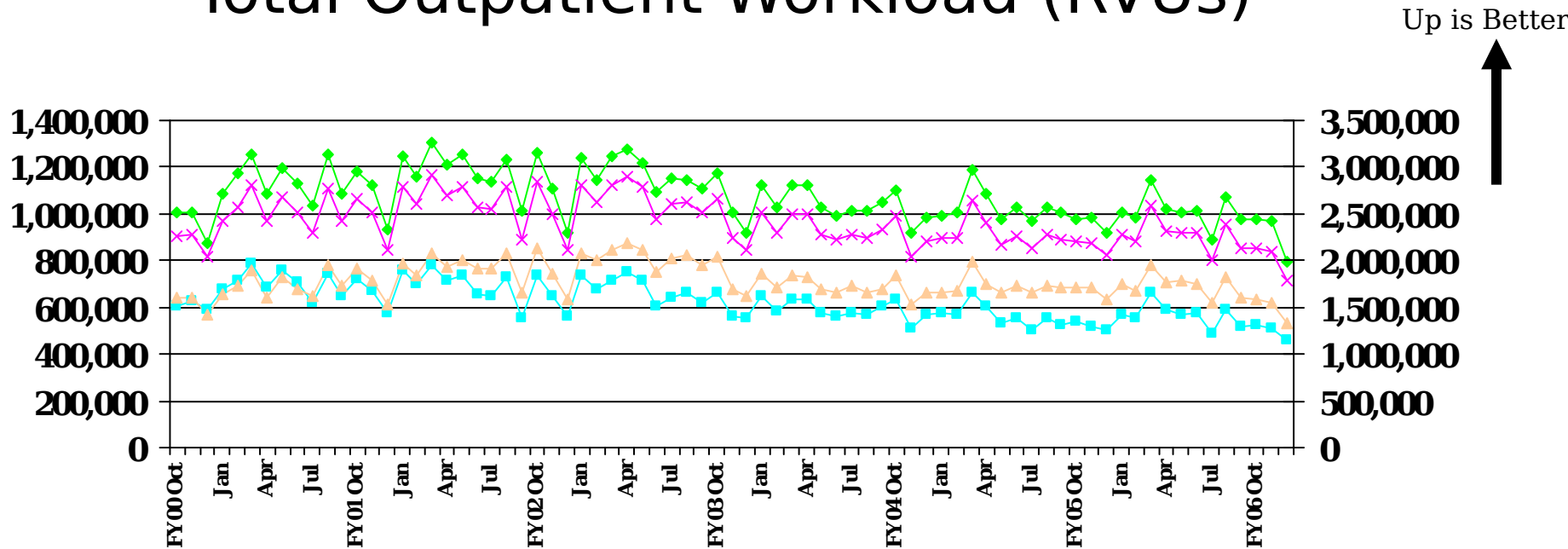
CPT codes and descriptions only are copyright 2003 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.					
CODE	2004				
	BASE				
	UNIT	Anesthesia for:			
00100	5	salivary glands			
00102	6	plastic repair of cleft lip			
00103	5	reconstructive procedures of eyelid			
00104	4	electroconvulsive therapy			
00120	5	external, middle, and inner ear; NOS			
00124	4	external, middle, and inner ear; otoscopy			
00126	4	external, middle, and inner ear; tympanotomy			
00140	5	eye; NOS			
00142	4	eye; lens surgery			
00144	6	eye; corneal transplant			
00145	6	eye; vitreoretinal surgery			
00147	4	eye; iridectomy			
00148	4	eye; ophthalmoscopy			
00160	5	nose and accessory sinuses; NOS			
00162	7	nose and accessory sinuses; radical surgery			
00164	4	nose and accessory sinuses; biopsy, soft tissue			



# Understand MHS RVUs, the basis of Prospective Payment System

- Inpatient Professional (not anesthesia) – Work Relative Value Unit (RVU)
- Outpatient Professional (not anesthesia) – Work RVU
- Outpatient Doctor's Office Institutional – Practice Expense RVU
- Laboratory – mostly Practice Expense RVU, some Work RVU
- Radiology – RVU
- Nurse and technician services – Practice Expense RVU

# Financial Total Outpatient Workload (RVUs)



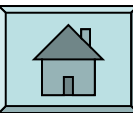
	<span style="color: green;">◆</span> <b>A</b> <span style="color: cyan;">■</span> <b>F</b> <span style="color: orange;">▲</span> <b>N</b> <span style="color: magenta;">×</span> <b>MHS</b>								
Millions	2002 Total	2003 Total	2004 Total	FY 05 YTD	2006 Oct	2006 Nov	2006 Dec	FY 06 YTD	FY 05 Goal
Army	13.9	12.6	12.3	12.0	1.0	1.0	0.8	2.8	13.6
Air Force	8.1	7.2	6.8	6.8	0.5	0.5	0.5	1.5	7.2
Navy	9.6	8.4	8.2	8.2	0.6	0.6	0.5	1.7	8.3
MHS Total	31.6	28.2	27.3	27.0	2.1	2.1	1.8	6.0	29.1

Goals are set based on submitted business plans.

Note: Relative Value Units are a weighted workload measure

SADR DO

Visits



# General Comments - Modifiers

- Modifiers – with the Standard Ambulatory Data Record (SADR) re-design, modifiers, quantities and the 2<sup>nd</sup> and 3<sup>rd</sup> will be available
  - How does this impact the MTF?
  - But, right now the modifiers don't come up so something with a -55 post op, gets full credit
  - Once the CAPER (redesigned SADR) is available, all servers will send SADRs back to 1 Oct 2002 to the central database

# General Comments - Modifiers

- At this time, because modifiers are not available at M2 level
  - SADR's with both an E&M and procedure will not have the E&M counted unless the procedure is on the list at the end of the slides, unless the procedures are HCPCS or all procedure start with "9"
- This is because, usually if you have an E&M with a elective procedure it is incorrectly coded

# General Comments – New Codes

- CPT/HCPCS codes that are new as of 1 January will not have weights in the CHCS table
  - Weights will be assigned in May
  - All “B” SADRS will have the May weights used when determining Prospective Payment System
  - Pretty much, MHS RVUs for new codes are retroactive

# General Comments - Billing

- Outpatient rates are established annually
- Outpatient rates are usually published at the beginning of June
- New codes are available 1 January
- Rates for new codes will be available when the annual rates are published
- No back billing – there was no rate when the service was done, so it can't be billed

# General Comments - CCE

- Coding Compliance Editor (CCE) does not use the MHS ICD table, the CPT table, and does not use the MHS RVUs
- CCE uses its own code tables
- CCE uses the Ingenix RVU tables, which are significantly different than the MHS RVU tables, particularly for procedures with a 10 or 90 day global period

# Relative Value Units are:

- A way to compare resources used to produce a product
- Examples of products are:
  - Office visits
  - Excision of a lesion
  - Delivering a baby



# Inpatient Professional (RVU) – currently RWP is surrogate in the business plan

- See the “NA” – it means this would not be done in a doctor’s office
- See the “XXX” – it means not a global procedure

HCPCS	DESCRIPTION	WORK RVU	NONFAC PE RVU	NA	FACILITY PE RVU	NA	MP RVU	NONFAC TOTAL	FACILITY TOTAL	GLOB DAYS
99221	Initial hospital care	1.28	0.45	NA	0.45		0.07	1.80	1.80	XXX
99222	Initial hospital care	2.14	0.74	NA	0.74		0.10	2.98	2.98	XXX
99223	Initial hospital care	2.99	1.03	NA	1.03		0.13	4.15	4.15	XXX
99231	Subsequent hospital care	0.64	0.23	NA	0.23		0.03	0.90	0.90	XXX
99232	Subsequent hospital care	1.06	0.37	NA	0.37		0.04	1.47	1.47	XXX
99233	Subsequent hospital care	1.51	0.52	NA	0.52		0.06	2.09	2.09	XXX
99234	Observ/hosp same date	2.56	0.89	NA	0.89		0.13	3.58	3.58	XXX
99235	Observ/hosp same date	3.41	1.15	NA	1.15		0.16	4.72	4.72	XXX
99236	Observ/hosp same date	4.26	1.44	NA	1.44		0.19	5.89	5.89	XXX
99238	Hospital discharge day	1.28	0.54	NA	0.54		0.05	1.87	1.87	XXX
99239	Hospital discharge day	1.75	0.73	NA	0.73		0.07	2.55	2.55	XXX

# Outpatient Professional (office visits) - currently the “work RVU” is part of business plan if in “B” MEPRS

		WORK	NON-FAC	NA	FACILITY	NA	MP	NON-FAC	FACILITY	GLOB
HCPCS	DESCRIPTION	RVU	PE RVU		PE RVU		RVU	TOTAL	TOTAL	DAYS
99201	Office/outpatient visit, new	<b>0.45</b>	0.49		0.15		0.03	0.97	0.63	XXX
99202	Office/outpatient visit, new	<b>0.88</b>	0.79		0.31		0.05	1.72	1.24	XXX
99203	Office/outpatient visit, new	<b>1.34</b>	1.13		0.48		0.09	2.56	1.91	XXX
99204	Office/outpatient visit, new	<b>2.00</b>	1.50		0.71		0.12	3.62	2.83	XXX
99205	Office/outpatient visit, new	<b>2.67</b>	1.77		0.95		0.14	4.58	3.76	XXX
99211	Office/outpatient visit, est	<b>0.17</b>	0.39		0.06		0.01	0.57	0.24	XXX
99212	Office/outpatient visit, est	<b>0.45</b>	0.54		0.16		0.03	1.02	0.64	XXX
99213	Office/outpatient visit, est	<b>0.67</b>	0.69		0.24		0.03	1.39	0.94	XXX
99214	Office/outpatient visit, est	<b>1.10</b>	1.03		0.41		0.05	2.18	1.56	XXX
99215	Office/outpatient visit, est	<b>1.77</b>	1.32		0.65		0.08	3.17	2.50	XXX

**CMS 2005  
RVUs**

# Outpatient Professional (office visits)

- Notice CMS work RVUs same as MHS work RVUs for non-procedure services (2005 RVUs)

		WORK	MHS
HCPCS	DESCRIPTION	RVU	work RVU
99201	Office/outpatient visit, new	0.45	0.45
99202	Office/outpatient visit, new	0.88	0.88
99203	Office/outpatient visit, new	1.34	1.34
99204	Office/outpatient visit, new	2.00	2.00
99205	Office/outpatient visit, new	2.67	2.67
99211	Office/outpatient visit, est	0.17	0.17
99212	Office/outpatient visit, est	0.45	0.45
99213	Office/outpatient visit, est	0.67	0.67
99214	Office/outpatient visit, est	1.10	1.10
99215	Office/outpatient visit, est	1.77	1.77

# Procedures

- Not global – for example, a refraction
- Global 0 days – uncomplicated services (e.g., topical anesthesia, and many moderate sedation procedures) just for that day
  - drain blood from under a nail
- Global 10 days – uncomplicated services for the day of the procedure and 10 days after the procedure
  - removal of foreign body from the nose
- Global 90 days – uncomplicated services for a day prior to the surgery, the surgery, and 90 days after the procedure
  - Treat a broken bone

# HCPCS DESCRIPTION

## 30630 Repair nasal septum defect

Provider's work

Practice expense

Global days are usually n/a, 0, 10 or 90. This is 90 days of uncomplicated postoperative services

	FULLY IMPLEMENTED	FULLY IMPLEMENTED		FULLY IMPLEMENTED	FULLY IMPLEMENTED				
WORK	NON-FAC	FACILITY	MP	NON-FACILITY	FACILITY	GLOB	PRE	INTRA	POST
RVU	PE RVU	PE RVU	RVU	TOTAL	TOTAL	DAYS	OP	OP	OP
7.11	7.95	7.95	0.61	15.67	15.67	090	0.10	0.76	0.14

### Modifiers

26	tc							5	
							56	4	55

Same as Non-facility because NOT done in office

**Note: This is the CMS RVU table, not the MHS RVU table**

# **CMS RVU Table**

- 1. Work - physician/privileged provider time**
- 2. Non-facility Practice Expense - building, equipment, nurses, techs**
- 3. Facility Practice Expense - nurses, techs**
- 4. Malpractice - malpractice**
- 5. Non-facility Total - Work + Non-Fac PE + Malpractice**
- 6. Facility Total - Work + Fac PE + Malpractice**

- Work = used for PPS
- Non-Fac Tot = used for billing

# Birth of an RVU

- RVUs are Professional and Practice Expenses associated with a Professional Services/CPT
- Provider-patient interaction (usually)
- Documented
- Coded with a
  - Current Procedural Terminology (CPT)
    - Evaluation and Management (E&M)
    - Surgical Procedure
    - Other Procedure
  - Healthcare Common Procedural Coding System (HCPCS)
    - Not all, many are durable equipment or supplies
- Look up the code in the RVU table

# RVUs are NOT part of the RWP

- Billing. In the MHS, we take the DRG price, add 4% (based on MEPRS portion of A-MEPRS collected from privileged providers) and bill the professional component with the institutional DRG
  - Because, most MTFs aren't even close in coding professional inpatient services so we would not know what to bill
- BOTTOM LINE: Have folks record MEPRS properly!!!



# Relative Value Units Are Only Part of What Providers Do

- Lots of what providers do is not “codable”
  - Hall way consults
  - Effectiveness reports/civilian appraisals
  - Extra time spent consoling a bereaved patient
  - Shoveling snow/picking up debris after hurricanes/tornados
  - Discussing an AD mental health with his/her Commander
  - Participating on MEBs
  - Reviewing and returning consults for more info
  - Reviewing charts only to have the patient no show
  - Waivers/PHA/pre- and post deployment briefs
  - Quality assurance (over reading EKGs)
  - Preparing and giving talks at grand rounds
  - Medical inprocessing
  - Overseas clearances
  - ADAPT

# Relative Value Units Are Only Part of What Providers Do

- Lots of what providers do may be “codable” but that doesn’t mean there are RVUs
  - E-mail
  - Signing forms for insurance/handicapped parking
  - Prenatal/diabetic/cardiac rehab/tobacco cessation teaching
  - Photorefractive keratectomy (PRK)
  - **SARC (this is changing, perhaps in May 2006)**
  - Tattoo removal using laser

# Relative Value Units Are Only Part of What Providers Do

- Lots of what providers do may be codable, but is not in your B MEPRS
  - Inpatient surgeries/rounds
  - Inpatient care “downtown”
  - Treadmills
  - Telemedicine (particularly store and forward)
  - Work you do manning assist (it is in someone else’s B MEPRS) – but you get the other guy’s work in yours

# Relative Value Units Are Only Part of What Providers Do

- Some may have RVUs in one RVU system, but not in another
  - Telephone consults (MHS has)
  - Obstetrical codes (CMS has all in 594xx, MHS has some; CMS doesn't for 0500F/0501F/0502F/0503F, MHS has RVUs)
  - Psychological testing (not in CMS, but in MHS)

# Relative Value Units

- Multiple RVU systems
  - MHS
    - Work RVUs, EAS IV RVUs
    - Simple
    - PPS Work RVU, PPS Facility RVU
    - Individual Work RVU, Organizational Work RVU
  - CMS
    - Work RVUs
    - Practice Expense RVUs
    - Malpractice RVUs
  - Ingenix

# RVUs depend on where you look

- **Worldwide Workload Report (WWR) and Medical Expense and Performance Reporting System (MEPRS)**
- No intensity-adjusted workload measures in either WWR or MEPRS
- **Only “count” visits**
- Common “non-counts” in B (outpatient clinic) MEPRS are:
  - Nurse/tech encounters
  - Some telemedicine
  - Reading EKGs
- RVUs in non-B MEPRS
  - A-MEPRS - inpatient surgeries, rounds
  - C-Dental
  - D-Lab and radiology professional components, anesthesia base units, EKGs
  - F-Immunizations; Hearing Conservation; Air Force civilian and VA hospital rounds, surgeries, procedures

# RVUs depend on where you look

- **Standard Ambulatory Data Record (SADR)**
  - **Feed from the Ambulatory Data Record (created in the Ambulatory Data Module of CHCS and a feed from CHCSII goes to the ADM in CHCS to create the various feeds, such as the SADR and the Third Party Outpatient Collection System)**
  - **Does not include**
    - **Quantities (two breaks in the same bone, multiples of time sensitive codes such as psychologic testing...)**
    - **Modifiers (bilateral, postoperative care only...)**
    - **SADR redesign under development**

# RVUs depend on where you look

- ALL MHS **professional services** are collected in the ADM, and found on your server
  - A subset forms the SADR, which is what HQ uses
  - A subset forms the TPOCS feed, which is what billing uses



# Laboratory and Radiology

- Most of these services are collected in the laboratory or radiology module
- No feed from MTF to Clinical Data Repository (CDM) therefore not in MHS Mart (M2)
- Testing Ancillary SADR feed with lab and rad data now
- DO NOT COLLECT IN ADM TO GAME THE SYSTEM
  - All CLIA waived labs in clinic must have QW modifier

# MHS Unique RVUs

- From the RVU table, for all global procedures having a 10 or 90 day post operative period, multiply the intraoperative portion by the “work” RVU – this is called “Global Surgical Adjusted”
- Provider Specialty Code 000-904, does not include Provider Specialty Codes for “clinics”
- Multiple physicians = both receive credit for PPS work and Organizational
- Count/non-count not a consideration

# MHS Unique RVUs

- Use Ingenix table adjusted for MHS
- Health Care Summary Record RVU weight table in the MDR
- Uses all MEPRS

# MHS Unique RVUs - Simple

- Sum of “global surgical adjusted” Physician work RVUs without discounting. 100% of sum of all the weights.
- 1<sup>st</sup> E&M (notice, not 2<sup>nd</sup>, or 3<sup>rd</sup> as not in feed)
- 1, 2, 3, 4 Procedure (notice, not modifiers or quantities or 5<sup>th</sup>, 6<sup>th</sup>... as not in feed)

# MHS Unique RVUs - Adjusted

- Not used anymore. There in case you used in the past – otherwise – don't even go here
- Not using “global surgical adjusted” – using the full CPT RVU for a procedure with a 10 or 90 day post operative period
- 100% of the highest weighted item, 50% of each additional procedure

# MHS Unique RVUs – PPS/Individual/Organizational

- E&M not included if there is a procedure unless:
  - Procedures are on list of approximately 150 minor procedures for which CMS allows credit in conjunction with the E&M
  - Procedure codes with E&M are ALL HCPCS level II or begin with “9”
    - Pulse oximetry begins with a 9 as do nebulizers, but blood draws don’t

# MHS Unique RVUs – PPS Work RVU

- Use “global surgical adjusted” Physician work RVU without discounting
- 100% of all weights, summed
- Sum x # of physicians on the record (based on provider specialty code)
  - Can’t use M2 as only primary provider on record
  - Must pull from MDR
- Used by MHS to allocate funding for ambulatory care

# MHS Unique RVUs – PPS Facility RVU

- Use “global surgical adjusted” Non-facility practice expense RVU without discounting
- 100% of all weights, summed
- Used by MHS to allocate funding for facility burden of care



# MHS Unique RVUs – Individual Work RVU

- Use “global surgical adjusted” Physician Work RVU **with** discounting
- 100% of highest weighted RVU and 50% of remaining RVUs, summed
- Tallies production for a single provider

# MHS Unique RVUs – Organizational Work RVU

- Use “global surgical adjusted” Physician work RVU **with** discounting
- 100% of highest weight RVU and 50% of remaining RVUs, summed
- Multiply by number of physicians based on provider specialty code
  - Must use MDR as SADR only has the primary provider
- Tallies production workload for a clinic or higher

# Examples

HCPCS	MOD	Work RVUS	EAS IV RVUS	30 CHARACTER DESC
99201	00	0.45	0.95	OFFICE/OUTPATIENT VISIT, NEW
99202	00	0.88	1.67	OFFICE/OUTPATIENT VISIT, NEW
99203	00	1.34	2.47	OFFICE/OUTPATIENT VISIT, NEW
99204	00	2.00	3.51	OFFICE/OUTPATIENT VISIT, NEW
99205	00	2.67	4.47	OFFICE/OUTPATIENT VISIT, NEW

MHS  
RVUs

				FULLY	FULLY		FULLY	FULLY
				IMPLEMENTED	IMPLEMENTED		IMPLEMENTED	IMPLEMENTED
			WORK	NON-FAC	FACILITY	MP	NON-FAC	FACILITY
HCPCS	MOD	DESCRIPTION	RVU	PE RVU	PE RVU	RVU	TOTAL	TOTAL
99201		Office/outpatient visit, new	0.45	0.50	0.16	0.02	0.97	0.63
99202		Office/outpatient visit, new	0.88	0.79	0.32	0.06	1.73	1.26
99203		Office/outpatient visit, new	1.34	1.13	0.48	0.10	2.57	1.92
99204		Office/outpatient visit, new	2.00	1.51	0.71	0.12	3.63	2.83
99205		Office/outpatient visit, new	2.67	1.80	0.95	0.14	4.61	3.76

CMS RVUs

# Which RVU to Use

- TMA Prospective Payment System
  - MHS RVUs
  - Compensated for lack of modifiers, quantities, multiple providers
  - **TMA and Service Representatives come to agreement every May on how to implement**
- Compare to Civilian Sector
  - CMS or Ingenix (found in CCE)

# Relative Value Units - CMS

- <http://new.cms.hhs.gov/PhysicianFeeSchedule/PFSRVF/list.asp>
- Download the **CY 2006** in .ZIP (**requires UNZip** software)
- Scroll down to “2006” with “rvu06a” and click
- Scroll down to the download, and click
- These are not the MHS RVUs
- Send me an e-mail and I'll send you the 4MB file of MHS RVUs

# Global Days

- Provides time frames that apply to each surgical procedure.
- 000=Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the fee schedule payment amount; evaluation and management services on the day of the procedure generally not payable.
- 010=Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10 day postoperative period included in the fee schedule amount; evaluation and management services on the day of the procedure and during the 10-day postoperative period generally not payable.
- 090=Major surgery with a 1-day preoperative period and 90-day postoperative period included in the fee schedule amount.
- 
- MMM=Maternity codes; usual global period does not apply.
- XXX=The global concept does not apply to the code.
- YYY=The carrier is to determine whether the global concept applies and establishes postoperative period, if appropriate, at time of pricing.
- ZZZ=The code is related to another service and is always included in the global period of the other service.

# Procedures – Discountable Surgical Procedures

## **Multiple procedure column of RVU table**

**0=No payment adjustment rules for multiple procedures apply.**

**1=If procedure is reported on the same day as another procedure that has an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 25%, 25%, 25%, and by report).**

**2=If procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50%, 50% and by report).**

**3=Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family**

**9=Concept does not apply.**

# Anesthesia is Different

Carrier No.	Locality No.	Locality Name	2004
			Anesthesia
			CF
00510	00	Alabama	16.82
00831	01	Alaska	29.22
00832	00	Arizona	17.55
00520	13	Arkansas	16.29
31146	26	Anaheim/Santa Ana, CA	18.36
31146	18	Los Angeles, CA	18.51
31140	03	Marin/Napa/Solano, CA	17.75
31140	07	Oakland/Berkeley, CA	18.08
31140	05	San Francisco, CA	18.96
31140	06	San Mateo, CA	18.61
31140	09	Santa Clara, CA	18.64
31146	17	Ventura, CA	17.78
31146	99	Rest of California*	17.27
31140	99	Rest of California*	17.27
00824	01	Colorado	17.18
00591	00	Connecticut	18.39
00902	01	Delaware	17.67
00903	01	DC + MD/VA Suburbs	18.45



# Locality Adjustment

Carrier No	Locality	Locality Name	Work	Practice expense	Mal - practice
510	0	Alabama	1	0.87	0.779
831	1	Alaska	1.67	1.67	1.67
832	0	Arizona	1	0.978	1.09
520	13	Arkansas	1	0.847	0.389
31146	26	Anaheim/Santa Ana, CA	1.037	1.184	0.955
31146	18	Los Angeles, CA	1.056	1.139	0.955
31140	3	Marin/Napa/Solano, CA	1.015	1.248	0.669
31140	7	Oakland/Berkeley, CA	1.041	1.235	0.669
31140	5	San Francisco, CA	1.068	1.458	0.669
31140	6	San Mateo, CA	1.048	1.432	0.663
31140	9	Santa Clara, CA	1.063	1.38	0.622
31146	17	Ventura, CA	1.028	1.125	0.763
31146	99	Rest of California*	1.007	1.034	0.74
31140	99	Rest of California*	1.007	1.034	0.74
824	1	Colorado	1	0.992	0.821
591	0	Connecticut	1.05	1.156	0.933
902	1	Delaware	1.019	1.035	0.802
903	1	DC + MD/VA Suburbs	1.05	1.166	0.917
590	3	Fort Lauderdale, FL	1	1.018	1.79
590	4	Miami, FL	1.015	1.052	2.399

# How to Apply RVUs

- How much work did a doctor do?
- How much work did a family practice team do?
- If I have one AD Orthopedic Surgeon, where do I put her? Ft Wainwright or Sheppard
- Which care that is going to the network should I target

# How to Apply

- Work RVUs/MEPRS Hours
- $\text{Work RVUS} \times \text{Conversion Factor} / 18 \text{ days/month} = \$ \text{ earned} / \text{ provider/month}$
- Compare RVUs to civilian sector (e.g., Optimized team = 25 Fac Tot RVU when you have 1 provider, 1 nurse, 2 med techs, 1 admin
  - Based on average in reporting university teaching facilities

# [Name Redacted] Rule of Thumb

- If you can't find a code
  - Step back
  - Would a PRIVILEGED provider in the civilian sector do this?
    - Prenatal counseling - nope, done by nurse
  - Would an insurance company pay for this?
    - Hallway consult
    - Researching literature to figure out a diagnosis
    - Cosmetic surgery
  - Is this only done for active duty
    - PHAs, pre- and post deployment briefings
    - There is a "health assessment" code 99420
    - Profiles and waivers

# Objectives

- Understand terminology
- Understand what relative value units are
- Understand Military Health System RVUs, the basis of Prospective Payment System
- Understand how you earn relative value units
- Understand how to apply relative value units

# Questions

- National Provider Identification (NPI)
  - Provider
  - Institutional
- HIPAA Taxonomy
  - Provider
  - Institutional

HCPCS	MOD	OWN	Work		EAS IV	RV	US	30 CHARACTER DESC
			E	R				
10080	00	A			0.94	3.44	credit w/E&M	DRAINAGE OF PILONIDAL CYST
10081	00	A			1.96	5.25	credit w/E&M	DRAINAGE OF PILONIDAL CYST
11010	00	A			3.35	8.74	credit w/E&M	DEBRIDE SKIN, FX
11011	00	A			4.94	12.97	credit w/E&M	DEBRIDE SKIN/MUSCLE, FX
11012	00	A			6.87	18.88	credit w/E&M	DEBRIDE SKIN/MUSCLE/BONE, FX
11740	00	A			0.37	1.22	credit w/E&M	DRAIN BLOOD FROM UNDER NAIL
11760	00	A			1.26	2.74	credit w/E&M	REPAIR OF NAIL BED
11981	00	A			1.48	3.22	credit w/E&M	INSERT DRUG IMPLANT DEVICE
12001	00	A			1.36	2.96	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)
12002	00	A			1.49	3.14	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)
12004	00	A			1.79	3.68	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)
12011	00	A			1.41	3.14	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)
12013	00	A			1.59	3.44	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)
12014	00	A			1.97	4.06	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)
12015	00	A			2.55	5.10	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)
16000	00	A			0.89	1.75	credit w/E&M	INITIAL TREATMENT OF BURN(S)
16020	00	A			0.80	2.11	credit w/E&M	TREATMENT OF BURN(S)
16025	00	A			1.85	3.64	credit w/E&M	TREATMENT OF BURN(S)
20103	00	A			4.23	7.54	credit w/E&M	EXPLORE WOUND, EXTREMITY

21800	00	A	0.66	2.11	credit w/E&M	TREATMENT OF RIB FRACTURE
22310	00	A	1.80	5.17	credit w/E&M	TREAT SPINE FRACTURE
23600	00	A	2.02	5.98	credit w/E&M	TREAT HUMERUS FRACTURE
23605	00	A	3.35	7.90	credit w/E&M	TREAT HUMERUS FRACTURE
23615	00	A	6.44	12.44	credit w/E&M	TREAT HUMERUS FRACTURE
23620	00	A	1.66	5.24	credit w/E&M	TREAT HUMERUS FRACTURE
23625	00	A	2.70	7.07	credit w/E&M	TREAT HUMERUS FRACTURE
23630	00	A	5.06	9.61	credit w/E&M	TREAT HUMERUS FRACTURE
23650	00	A	2.33	5.57	credit w/E&M	TREAT SHOULDER DISLOCATION
23655	00	A	3.15	6.02	credit w/E&M	TREAT SHOULDER DISLOCATION
24500	00	A	2.21	5.94	credit w/E&M	TREAT HUMERUS FRACTURE
24530	00	A	2.41	6.13	credit w/E&M	TREAT HUMERUS FRACTURE
24640	00	A	0.96	2.50	credit w/E&M	TREAT ELBOW DISLOCATION
24685	00	A	6.07	11.25	credit w/E&M	TREAT ULNAR FRACTURE
25560	00	A	1.68	4.47	credit w/E&M	TREAT FRACTURE RADIUS & ULNA
25565	00	A	3.88	8.95	credit w/E&M	TREAT FRACTURE RADIUS & ULNA
25574	00	A	4.83	9.75	credit w/E&M	TREAT FRACTURE RADIUS & ULNA
25600	00	A	1.81	4.90	credit w/E&M	TREAT FRACTURE RADIUS/ULNA
25605	00	A	4.00	9.54	credit w/E&M	TREAT FRACTURE RADIUS/ULNA
25611	00	A	5.35	11.45	credit w/E&M	TREAT FRACTURE RADIUS/ULNA
25620	00	A	5.89	10.92	credit w/E&M	TREAT FRACTURE RADIUS/ULNA
26010	00	A	1.23	5.77	credit w/E&M	DRAINAGE OF FINGER ABSCESS
26600	00	A	1.35	4.17	credit w/E&M	TREAT METACARPAL FRACTURE
26605	00	A	1.97	5.59	credit w/E&M	TREAT METACARPAL FRACTURE
26720	00	A	1.15	3.83	credit w/E&M	TREAT FINGER FRACTURE, EACH



26725	00	A	2.30	6.50	credit w/E&M	TREAT FINGER FRACTURE, EACH
26770	00	A	2.08	5.12	credit w/E&M	TREAT FINGER DISLOCATION
26775	00	A	2.55	6.59	credit w/E&M	TREAT FINGER DISLOCATION
26952	00	A	4.35	12.79	credit w/E&M	AMPUTATION OF FINGER/THUMB
27193	00	A	3.83	8.73	credit w/E&M	TREAT PELVIC RING FRACTURE
27235	00	A	8.38	14.86	credit w/E&M	PERCUT SKEL FIX OF FEMRL FRACT
27236	00	A	10.75	18.29	credit w/E&M	OPN TX FEM FX,PROX END,NCK,FX
27244	00	A	10.98	18.75	credit w/E&M	TREAT FEMRAL FRAC W/PLATE/SCRW
27245	00	A	13.99	23.45	credit w/E&M	TREAT FEMRAL FRAC W/INTRAEDULL
27265	00	A	3.48	6.76	credit w/E&M	TREAT HIP DISLOCATION
27266	00	A	5.16	9.49	credit w/E&M	TREAT HIP DISLOCATION
27506	00	A	12.02	20.78	credit w/E&M	TREATMENT OF THIGH FRACTURE
27520	00	A	1.97	5.58	credit w/E&M	TREAT KNEECAP FRACTURE
27530	00	A	2.60	6.66	credit w/E&M	TREAT KNEE FRACTURE
27750	00	A	2.20	5.91	credit w/E&M	TREATMENT OF TIBIA FRACTURE
27759	00	A	9.48	16.60	credit w/E&M	TREATMENT OF TIBIA FRACTURE
27780	00	A	1.83	5.22	credit w/E&M	TREATMENT OF FIBULA FRACTURE
27808	00	A	1.95	5.87	credit w/E&M	TREATMENT OF ANKLE FRACTURE
27822	00	A	7.58	14.91	credit w/E&M	TREATMENT OF ANKLE FRACTURE
27840	00	A	3.15	5.84	credit w/E&M	TREAT ANKLE DISLOCATION
28190	00	A	1.57	6.78	credit w/E&M	REMOVAL OF FOOT FOREIGN BODY
28450	00	A	1.31	4.12	credit w/E&M	TREAT MIDFOOT FRACTURE, EACH
28515	00	A	1.01	2.62	credit w/E&M	TREATMENT OF TOE FRACTURE
29105	00	A	0.87	2.05	credit w/E&M	APPLY LONG ARM SPLINT
29125	00	A	0.59	1.58	credit w/E&M	APPLY FOREARM SPLINT

29126	00	A	0.77	1.96	credit w/E&M	APPLY FOREARM SPLINT
29130	00	A	0.50	0.95	credit w/E&M	APPLICATION OF FINGER SPLINT
29131	00	A	0.55	1.28	credit w/E&M	APPLICATION OF FINGER SPLINT
29240	00	A	0.71	1.57	credit w/E&M	STRAPPING OF SHOULDER
29260	00	A	0.55	1.30	credit w/E&M	STRAPPING OF ELBOW OR WRIST
29280	00	A	0.51	1.32	credit w/E&M	STRAPPING OF HAND OR FINGER
29505	00	A	0.69	1.84	credit w/E&M	APPLICATION, LONG LEG SPLINT
29515	00	A	0.73	1.58	credit w/E&M	APPLICATION LOWER LEG SPLINT
29530	00	A	0.57	1.37	credit w/E&M	STRAPPING OF KNEE
29590	00	A	0.76	1.26	credit w/E&M	APPLICATION OF FOOT SPLINT
29799	00	A	0.00	0.00	credit w/E&M	CASTING/STRAPPING PROCEDURE
30300	00	A	0.83	4.70	credit w/E&M	REMOVE NASAL FOREIGN BODY
30901	00	A	1.21	2.57	credit w/E&M	CONTROL OF NOSEBLEED
30903	00	A	1.54	4.34	credit w/E&M	CONTROL OF NOSEBLEED
30905	00	A	1.97	5.54	credit w/E&M	CONTROL OF NOSEBLEED
30906	00	A	2.45	6.41	credit w/E&M	REPEAT CONTROL OF NOSEBLEED
31500	00	A	2.33	2.88	credit w/E&M	INSERT EMERGENCY AIRWAY
31515	00	A	1.80	5.51	credit w/E&M	LARYNGOSCOPY FOR ASPIRATION
31641	00	A	5.02	7.14	credit w/E&M	BRONCHOSCOPY, TREAT BLOCKAGE
31720	00	A	1.06	2.51	credit w/E&M	CLEARANCE OF AIRWAYS
32020	00	A	3.97	5.42	credit w/E&M	INSERTION OF CHEST TUBE
33010	00	R	2.24	3.20	credit w/E&M	DRAINAGE OF HEART SAC
33010	26	R	0.00	0.00	credit w/E&M	DRAINAGE OF HEART SAC
33010	32	R	0.00	0.00	credit w/E&M	DRAINAGE OF HEART SAC
33025	00	A	10.14	15.51	credit w/E&M	INCISION OF HEART SAC

33210	00	R	3.30	4.55	credit w/E&M	INSERTION OF HEART ELECTRODE
33210	26	R	0.00	0.00	credit w/E&M	INSERTION OF HEART ELECTRODE
33210	32	R	0.00	0.00	credit w/E&M	INSERTION OF HEART ELECTRODE
33967	00	A	4.84	6.69	credit w/E&M	INSERT IA PERCUT DEVICE
34201	00	A	8.41	12.99	credit w/E&M	REMOVAL OF ARTERY CLOT
36000	00	R	0.18	0.78	credit w/E&M	PLACE NEEDLE IN VEIN
36000	26	R	0.00	0.00	credit w/E&M	PLACE NEEDLE IN VEIN
36000	32	R	0.00	0.00	credit w/E&M	PLACE NEEDLE IN VEIN
36406	00	R	0.18	0.48	credit w/E&M	DRAWING BLOOD
36406	26	R	0.00	0.00	credit w/E&M	DRAWING BLOOD
36406	32	R	0.00	0.00	credit w/E&M	DRAWING BLOOD
36410	00	R	0.18	0.48	credit w/E&M	VP,AGE 3/>,REQ PHYSICIAN SKILL
36410	26	R	0.00	0.00	credit w/E&M	VP,AGE 3/>,REQ PHYSICIAN SKILL
36410	32	R	0.00	0.00	credit w/E&M	VP,AGE 3/>,REQ PHYSICIAN SKILL
36415	00	A	0.09	0.15	credit w/E&M	COLL VENOUS BLOOD VENIPUNCTURE
36416	00	A	0.09	0.15	credit w/E&M	CAPILLARY BLOOD DRAW
36425	00	R	0.76	0.98	credit w/E&M	ESTABLISH ACCESS TO VEIN
36425	26	R	0.00	0.00	credit w/E&M	ESTABLISH ACCESS TO VEIN
36425	32	R	0.00	0.00	credit w/E&M	ESTABLISH ACCESS TO VEIN
36488		Insertion of catheter, vein		credit w/E&M	deleted in 2004, not in CHCS list provided by HPA&E	
36540	00	A	0.34	0.59	credit w/E&M	COLLECT BLOOD VENOUS DEVICE
36550	00	A	0.00	0.39	credit w/E&M	DECLOT VASCULAR DEVICE
36660	00	A	1.40	1.84	credit w/E&M	INSERTION CATHETER, ARTERY
38100	00	A	10.57	15.12	credit w/E&M	REMOVAL OF SPLEEN, TOTAL
38220	00	A	1.08	5.06	credit w/E&M	BONE MARROW ASPIRATION

43215	00	R	2.60	3.82	credit w/E&M	ESOPHAGUS ENDOSCOPY
43215	26	R	0.00	0.00	credit w/E&M	ESOPHAGUS ENDOSCOPY
43215	32	R	0.00	0.00	credit w/E&M	ESOPHAGUS ENDOSCOPY
43520	00	A	8.08	12.38	credit w/E&M	INCISION OF PYLORIC MUSCLE
43840	00	A	12.59	18.10	credit w/E&M	REPAIR OF STOMACH LESION
44050	00	A	11.35	16.21	credit w/E&M	REDUCE BOWEL OBSTRUCTION
44141	00	A	15.78	24.00	credit w/E&M	PARTIAL REMOVAL OF COLON
44143	00	A	18.60	27.35	credit w/E&M	PARTIAL REMOVAL OF COLON
44150	00	A	19.37	29.22	credit w/E&M	REMOVAL OF COLON
44950	00	A	8.09	11.62	credit w/E&M	APPENDECTOMY
44960	00	A	9.98	14.34	credit w/E&M	APPENDECTOMY
44970	00	A	7.04	10.47	credit w/E&M	LAPAROSCOPY, APPENDECTOMY
46040	00	A	4.01	8.30	credit w/E&M	INCISION OF RECTAL ABSCESS
46083	00	A	1.12	3.12	credit w/E&M	INCISE EXTERNAL HEMORRHOID
46610	00	A	1.32	5.40	credit w/E&M	ANOSCOPY/REMOVE LESION
50360	00	A	26.13	39.21	credit w/E&M	TRANSPLANTATION OF KIDNEY
51701	00	A	0.50	2.14	credit w/E&M	INSERT BLADDER CATHETER
51702	00	A	0.50	2.84	credit w/E&M	INSERT TEMP BLADDER CATH
51798	00	A	0.00	0.36	credit w/E&M	US URINE CAPACITY MEASURE
54150	00	A	1.45	2.22	credit w/E&M	CIRCUMCISION
56405	00	A	1.15	2.22	credit w/E&M	I & D OF VULVA/PERINEUM
56420	00	A	1.11	2.94	credit w/E&M	DRAINAGE OF GLAND ABSCESS
58999	00	A	0.00	0.00	credit w/E&M	GENITAL SURGERY PROCEDURE
59000	00	R	1.30	3.40	credit w/E&M	AMNIOCENTESIS, DIAGNOSTIC
59000	26	R	0.00	0.00	credit w/E&M	AMNIOCENTESIS, DIAGNOSTIC

59000	32	R	0.00	0.00	credit w/E&M	AMNIOCENTESIS, DIAGNOSTIC
59050	00	A	0.89	1.25	credit w/E&M	FETAL MONITOR W/REPORT
59051	00	A	0.74	1.04	credit w/E&M	FETAL MONITOR/INTERPRET ONLY
59151	00	A	6.88	10.54	credit w/E&M	TREAT ECTOPIC PREGNANCY
59899	00	A	0.00	0.00	credit w/E&M	MATERNITY CARE PROCEDURE
61107	00	A	4.99	8.31	credit w/E&M	DRILL SKULL FOR IMPLANTATION
61154	00	A	11.38	18.60	credit w/E&M	PIERCE SKULL & REMOVE CLOT
61312	00	A	18.64	30.10	credit w/E&M	OPEN SKULL FOR DRAINAGE
62230	00	A	8.00	12.94	credit w/E&M	REPLACE/REVISE BRAIN SHUNT
62270	00	R	1.13	4.21	credit w/E&M	SPINAL FLUID TAP, DIAGNOSTIC
62270	26	R	0.00	0.00	credit w/E&M	SPINAL FLUID TAP, DIAGNOSTIC
62270	32	R	0.00	0.00	credit w/E&M	SPINAL FLUID TAP, DIAGNOSTIC
65205	00	A	0.71	1.31	credit w/E&M	REMOVE FOREIGN BODY FROM EYE
65220	00	A	0.71	1.31	credit w/E&M	REMOVE FOREIGN BODY FROM EYE
66999	00	A	0.00	0.00	credit w/E&M	EYE SURGERY PROCEDURE
67005	00	A	3.98	7.05	credit w/E&M	PARTIAL REMOVAL OF EYE FLUID
67010	00	A	4.80	8.25	credit w/E&M	PARTIAL REMOVAL OF EYE FLUID
67141	00	A	3.63	8.70	credit w/E&M	TREATMENT OF RETINA
67145	00	A	3.75	7.78	credit w/E&M	TREATMENT OF RETINA
67220	00	A	9.18	16.07	credit w/E&M	DESTRCT;PHOTOCOAGLAT,1 OR>SESS
67500	00	A	0.79	1.61	credit w/E&M	INJECT/TREAT EYE SOCKET
69000	00	A	1.16	3.52	credit w/E&M	DRAIN EXTERNAL EAR LESION
69200	00	A	0.77	3.10	credit w/E&M	CLEAR OUTER EAR CANAL

# Why the Different Coding Systems

- ICD
- CPT
- HCPCS
- MEPRS
- Provider Specialty Code
- HIPAA taxonomies
- National Provider Identifiers (type 1 and 2)
- CMS UPIN

# Terminology – Coding Systems

- ICD-9-CM – International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modifications
  - Used for clinical purposes
  - Used to show medical necessity
  - Procedures in volume 3 used to reflect inpatient institutional work for various procedures
  - Used to assign Diagnosis Related Group (institutional inpatient component)
    - Look here for Relative Weighted Product (RWP)

# Terminology – Coding Systems

- CPT – Current Procedural Terminology
  - Professional services, inpatient and outpatient
  - 99201-99499 Evaluation and Management
  - 0xxxx – Anesthesia
  - 1xxxx-6xxxx – Surgical Procedures
  - 7xxxx Diagnostic Imaging
  - 8xxxx Laboratory/Pathology
  - 9xxxx Medical procedures
  - Look here for relative value units (RVUs)



# Terminology – Coding Systems

- Healthcare Common Procedure Coding System
  - Both institutional and professional services codes
  - Both inpatient and outpatient codes
  - Supplies, equipment, procedures, services
  - Look here for a few more RVUs

# Terminology – Professional Services

- Professional
  - Inpatient – coded with CPT, have relative value units (RVUs)
  - Outpatient – coded with CPT, have relative value units
  - Some HCPCS are professional services

# Terminology – Institutional Services

- Institutional

- Inpatient – measured with Diagnosis Related Groups (about 500 of them)
  - DRG are weighted using Relative Weighted Products (RWP)
- Outpatient – measured in civilian sector with Ambulatory Payment Classifications (APCs)
  - Usually see associated with Outpatient Prospective Payment System (OPPS)
- Some HCPCS are institutional